STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495214	A. BUILDING _____ B. WING _____	10/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUGUSTA MEDICAL CTR SKILLED CA	78 MEDICAL CENTER DRIVE FISHERSVILLE, VA 22939

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare standard survey was conducted 10/14/15 through 10/15/15. No complaints were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this seventeen certified bed facility was 7 at the time of the survey. The survey sample consisted of four current resident reviews (Residents 1 through 4) and one closed record review (Residents 5).	F 000	1) Resident #5 was a closed record review thus the resident has been discharged from the facility. A corrected MDS assessment for resident #5 was filed and transmitted on 10/22/15. 2) An audit of current residents with MDS assessments was completed by a MDS coordinator on 10/20/15. All current resident MDS assessments were verified as complete and accurate.	
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a	F 278	3) RN#1 completed Matrix Care e-learning module on MDS 3.0 coding on 10/20/15. 4) The DON and MDS coordinator will review five MDS assessments each week for four weeks beginning the week of 10/26/15 and then ten assessments each month for three months beginning 11/23/15. If 100% compliance is not maintained at the end of three monthly audits, another cycle of three monthly audits will continue until 100% compliance is achieved. Ten charts will be reviewed quarterly for one year ending 10/31/16. Initial audit and compliance results will be reported to the SNF Performance Improvement Committee on 11/11/15 and then on an ongoing basis. 5) All corrective actions were completed by 10/22/15 with ongoing chart audits through 10/31/16.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Debra Alderman Director Quality 10-23-2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 278	Continued From page 1	F 278		

resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.

Clinical disagreement does not constitute a material and false statement.

This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review, the facility staff failed to ensure a complete minimum data set (MDS) for one of 5 residents in the survey sample. Resident #5's admission MDS dated 5/7/15 included no assessment of the resident's pain in section J0300.

The findings include:

Resident #5 was admitted to the facility on 4/30/15 and discharged on 7/23/15. Diagnoses for Resident #5 included hip fracture, upper arm fracture, osteoarthritis, diabetes, hypertension, anemia, chronic obstructive pulmonary disease and urinary tract infection. The MDS dated 5/7/15 assessed Resident #5 as cognitively intact and with no communication problems.

Resident #5's closed record was reviewed on 10/14/15. Section J of the resident's admission MDS assessment dated 5/17/15 documented a pain assessment interview should be conducted with Resident #5. Section J0300 documenting the resident's interview responses regarding pain presence, pain frequency, pain effect on function and pain intensity was incomplete and marked only with dashes.

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F 278	Continued From page 2 On 10/14/15 at 3:50 p.m. the registered nurse (RN #1) responsible for MDS assessments was interviewed regarding the incomplete assessment for Resident #5. RN #1 stated Resident #5 was admitted with multiple fractures, was able to respond to interview questions and make her needs known. RN #1 stated she had no explanation why the pain Interview assessment was not completed for Resident #5. RN #1 stated the admission MDS section documenting the pain interview responses was usually completed. Regarding the missing pain assessment for Resident #5, RN #1 stated, "I don't know why." These findings were reviewed with the director of nursing on 10/14/15 at 5:00 p.m. and on 10/15/15 at 10:20 a.m.	F 278		